NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THI
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: __09/218761__

Total Fee Calculation

	Fee Code Sm./Lg	Total = Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	760	760
Total Claims >20	203/103	___ -20 = ___	X	___	___	___
Independent Claims >3	202/102	___ -3 = ___	X	___	___	___
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	130	130
English Translation	139						130

WAIVE SURCHARGE only IF there is NO missing PARTS PRESENT.

TOTAL FEE CALCULATION

1020

Fees due upon filing the application:

Total Filing Fees Due = $ ___1,020.00___

Less Filing Fees Submitted - $ ___0___

BALANCE DUE = $ ___1,020.00___

Teddy Dale

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)